

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000072271  
1. Corporation Name

AVINTI, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 Rt 1 Box 794

26 PO Box 1191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Macclenny, FL

28 Macclenny

24 Zip Country

29 Zip Country

32063 BAKER

FL 32063 Baker

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

Sept 1995

3a. Date of Last Report

1st Report

4. FEI Number

59-3342739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature in typed or printed name of registered agent and title if applicable

Joseph Barbieri

4/15/96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME Chairman / Treasurer  
STREET ADDRESS Joseph S Barbieri  
CITY-ST-ZIP 1730 W Lee Rd, Suite D  
Orlando, FL 32854

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME President  
1.3 STREET ADDRESS Carol Barry  
1.4 CITY-ST-ZIP Rt 1 Box 794  
Macclenny, FL 32063

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VICE PRESIDENT  
2.3 STREET ADDRESS Bryant K. Brosche  
2.4 CITY-ST-ZIP Rt 1 Box 794  
Macclenny, FL 32063

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME SECRETARY  
3.3 STREET ADDRESS Ernestine Barton  
3.4 CITY-ST-ZIP Rt 1 Box 794  
Macclenny, FL 32063

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Barry Pres. 4/15/96 (904)

Date

Daytime Phone

CR2E034 (12/95)

4/15/96